

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

2/

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90022 042 \*\*\*150.00

**DOCUMENT # P97000050200**

1. Entity Name  
SIGL, INC.



Principal Place of Business  
445 16TH AVE SOUTH  
NAPLES, FL 34102 US

Mailing Address  
3777 TAMiami TRAIL N SUITE 200  
NAPLES, FL 34103

**66003471**



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3469027

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTHER, RONALD  
3777 TAMiami TRAIL N SUITE 200  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SIGL, GEORG
STREET ADDRESS	445 16TH AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	KUPAS-SIGL, URSULA
STREET ADDRESS	445 16TH AVE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all persons like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*President* 02/28/06



ATTACHMENT

66003471

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

SIGL, INC.  
3777 TAMiami TRAIL N SUITE 200  
NAPLES, FL 34103

Subject: SIGL, INC.

Reference Number: P97000050200

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION